# Meeting Space Reservation Form

If you are planning to host a meeting, hospitality function or special event outside your booth, then you must obtain approval in advance by filling out this reservation form. In order to ensure we place you in the most appropriate facility (aiming to place you in your first choice), please be sure to fill out this form in its entirety and sign it. Space is limited, so please return your form no later than ***Friday, November 12, 2010.***

COMPANY:_____

CONTACT: _____EMAIL:_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____FAX:_____ CONTACT CELL:_____

EVENT PURPOSE: _____

**DAYS AND TIMES NEEDED: Required (if more dates are needed, please copy this form)**

| | Date(s) needed | Setup time needed | Event time needed | Teardown time | # of people |
|---|---|---|---|---|---|
| Day 1 | | | | | |
| Day 2 | | | | | |
| Day 3 | | | | | |

**CATERING NEEDS: Please check as appropriate**

| | Breakfast | Lunch | Dinner | Coffee Service | Cocktail Reception |
|---|---|---|---|---|---|
| Day 1 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Day 2 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Day 3 | ☐ | ☐ | ☐ | ☐ | ☐ |

**ROOM SETUP: Please check as appropriate**

| Classroom | Theatre | Banquet | Reception | Conference | U-Shape | H-Square |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Additional Specifications:_____

**PREFERRED LOCATION: Please rank choices as 1st, 2nd, 3rd. etc.**

| | | | |
|---|---|---|---|
| **Indianapolis Marriott** | | **Crowne Plaza** | |
| **The Westin Indianapolis** | | **Omni Severin** | |
| **Hyatt Regency** | | **Hilton Indianapolis** | |
| **JW Marriott Complex** | | **Sheraton City Centre** | |
| ***Indiana Convention Center Meeting Rooms** *(Please read billing info on right.)* | | **If you request and are assigned a meeting room in the Convention Center you understand that you will be billed at a rate of **$1,000.00 per day, per room**. Furthermore, all Convention Center meeting rooms must be paid for by **January 31, 2011**, or your space will be released. Hotels, caterers, AV and other services will be billed to you directly by the vendor providing the service.* | |

_____ _____

Authorized signature of person reserving space Date

**Deadline to return this form:**

**FRIDAY, NOVEMBER 12, 2010**

**By Mail, Fax or Email to:**


**Dealer Expo® 2011**

Lorri Monty, Director of Operations

17770 Cartwright Road, #400, Irvine, CA 92614

Phone: 949-954-8471 ● Fax: 949-954-8612 ● Email: lmonty@advanstar.com


***For Office Use Only*:** **Approval Code :**_____ **Initials:** _____ **Date:** _____

**Facility Confirmed In:** _____ **If Canceled, Date:** _____

**Financial Services:** **Please bill the customer $** _____ **for Indiana Convention Center meeting room usage.**